

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT APPLICATION

Application Number \_\_\_\_\_

## Introduction

Thank you for contacting us concerning plans for your onsite wastewater treatment system (OWTS). As you may know, the Missouri Department of Health and Senior Services is required by law to regulate the design, construction and operation of onsite systems.

This packet contains forms and instructions to help you apply for a permit and to select an onsite wastewater treatment system that will comply with the regulations.

Enclosed in this packet you will find the following items:

1. The ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT APPLICATION FEE form.
2. The Permit Application form.
3. The Instruction and Check Off List.

Construction of your onsite wastewater treatment system may not begin until a permit has been issued. To expedite this process, please follow these steps:

1. Contact an OWTS contractor. A registered contractor will best be able to assist you with this process and is highly recommended. State statute requires that "Any person installing on-site sewage disposal systems shall be registered to do so by the Department of Health and Senior Services." You also may choose to submit all of the information and install the system yourself. However, the services of a registered person to conduct a percolation test or an onsite soil morphology will be required. A registered contractor should be able to help you select a system to suit your needs and will help you fill in the forms. You may also consult with your health department representative.
2. Fill in the "Onsite Wastewater Treatment System Construction Permit Application Fee" form and submit it, along with the \$90.00 fee, **to the address on the form**. NOTE: Submit fee and application to different addresses.
3. Use the "Onsite Wastewater Treatment System Construction Permit Instructions and Check Off List" form to ensure that all of the required information has been gathered. Then, submit the completed application, percolation test or soil morphology report, and all necessary drawings and plans **to the office from which you received the packet**.
4. Upon receipt of the completed application, a health department representative will schedule a site visit. If the results of the site visit and plan review are satisfactory and the permit application fee has been received, the permit will be issued and construction may begin.

If you or your contractor need additional information, or if we can help you with this in any way, please feel free to contact us.

MISSOURI DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
ONSITE WASTEWATER TREATMENT SYSTEM  
CONSTRUCTION PERMIT APPLICATION

1. Property Owner Name (Last, First, MI)				Application Number					
				Office Use Only					
				Permit Number					
				Reviewed By		EPHS #			
2. Site Address (911/ENS)				EPHS Signature					
				Subdivision		Lot #			
City		County		Zip Code		Latitude		Longitude	
1/4		1/4		Section		Township		Range	
Parcel ID #									
Directions to Site									
3. Mailing Address (if different from above)						Day Phone Number		Night Phone Number	
City						State		Zip Code	
4. System Is									
New Construction <input type="checkbox"/>			System Replacement <input type="checkbox"/>			System Repair <input type="checkbox"/>			
5. System Serves		Residence <input type="checkbox"/>			Business <input type="checkbox"/>				
Single Family <input type="checkbox"/>		No. Bedrooms:		Whirlpool Bath <input type="checkbox"/>		Food Service <input type="checkbox"/>		Daily Sewage Flow (gallons per day)	
Multi-Family <input type="checkbox"/>		Laundry Facility <input type="checkbox"/>		Garbage Disposal <input type="checkbox"/>		Lodging <input type="checkbox"/>			
				Dishwasher <input type="checkbox"/>		Other (specify):			
6. Water Supply		Public <input type="checkbox"/>		Private <input type="checkbox"/>					
		Name of Supply		Type Supply		Bored Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Driven Well <input type="checkbox"/> Drilled Well <input type="checkbox"/> Other (specify):			
7. Lot		Size		% Slope		Indicate direction of slope on Site Layout.			
		# acres							
		# square feet							
8. Soil Information		Include percolation test or soil morphology report with the application							
Percolation Test <input type="checkbox"/>		Percolation Rate (min/inch)							
Soil Morphology <input type="checkbox"/>		Application Rate (gpd/sq. ft.)							
9. Name of Percolation Tester or Soil Evaluator						Tester Identification Number			
Address						Phone Number			
City						State Zip Code			

10. <b>Proposed System</b>		Complete information only for the system you plan to construct.	
A. <input type="checkbox"/> Waste Stabilization Pond		Pond Seal	
Dimensions <small>length x width or diameter</small>		Native Soil <input type="checkbox"/> Artificial Liner <input type="checkbox"/>	
Total Water Surface Area <small>square feet</small>		Bentonite Clay <input type="checkbox"/> Clay from Another Source <input type="checkbox"/>	
Working Depth		Type of Equipment Used to Compact Soil:	
Indicate location of discharge pipe, fence, gate, and all setback distances on Site Layout			
B. <input type="checkbox"/> Sewage Tank		<input type="checkbox"/> Absorption Field	
Septic Tank <input type="checkbox"/>	Liquid Capacity gal.	Distribution Box <input type="checkbox"/>	Pipe & Gravel-width ____ <input type="checkbox"/>
Manufacturer:	Material/Construction	Serial Distribution <input type="checkbox"/>	Chamber-width _____ <input type="checkbox"/>
NSF Class I Aeration Unit <input type="checkbox"/>	Treatment Capacity gpd	Flat Lot Layout <input type="checkbox"/>	Gravelless Pipe-dia. ____ <input type="checkbox"/>
Manufacturer:	Material/Construction	Dosed <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Pump Tank <input type="checkbox"/>	Liquid Capacity gal.	Pressure Distribution <input type="checkbox"/>	Total Absorption Area _____
Manufacturer:	Material/Construction	Trench Length(s)	No. of Trenches
		Trench Width	Trench Depth
Distance from: Well	House	Distance from: Well	House
Property Lines	Water Lines	Property Lines	Water Lines
Stream, River, Pond, or Lake	Neighbor's Well	Stream, River, Pond, or Lake	Neighbor's Well
Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements, and all setback distances on the Site Layout.			
C. <input type="checkbox"/> Alternative System			
Low Pressure Pipe System <input type="checkbox"/>	Sand Filter <input type="checkbox"/>	Mound System <input type="checkbox"/>	
Drip Irrigation <input type="checkbox"/>	Wetlands <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	
Include supporting data, calculations, and drawings with the packet			
11. Installer	Registered Y <input type="checkbox"/> N <input type="checkbox"/>	Identification Number	
Name		Phone Number	
Address			
City		State	Zip Code
All information contained in and with this application packet is true and accurate to the best of my knowledge.			
12. Signature of Owner or Agent		Date	

# 13. Site Layout



1. Show property lines and dimensions to reflect the shape and size of the property.
2. Diagram proposed system. Show appropriate elevations to indicate proper fall for system. System must be staked on the property for the Site Evaluation.
3. Show distances to house, well, water lines, property lines, geological features such as sinkholes, rock outcrops, lakes, ponds, streams, rivers, etc.
4. Show distances to neighbors' wells, homes, and sewage disposal systems.
5. Show locations of all percolation test holes or soil morphology test pits. Holes must be flagged on the property for site evaluation.
6. Show fence location around waste stabilization pond.
7. Use the slope diagram to show percent of slope. Use arrows on the Site Layout to indicate the direction of slope.
8. Indicate any known easements that exist for utilities, roads, private driveways, or other easements.

## Slope Diagram

Show percent slope on diagram. Show cross section of system on slope.

